ADD'L FEE

Substitute for Form PTO-875								10/665660		
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR.	OTHEI SMALL	R TH/
	FOR	NUMBE	NUMBER FILED		NUMBER EXTRA		FEE		RAte	
	C FEE (FR 1.16(a))						٤	SH.		:
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* If the difference in column 1 is less than zero, enter *0" in column 2						TOTAL	L	S::	TOTAL	
	CI	LAIMS AS AME	NDED -					•		
	(Column 3) (Column 2) (Column 3)			(Column 3)	SMALL ENTITY		OB.	Circ		
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鱼	.Total	* OC	Minus	PAID FOR:	-	-0 -	FEE		7	大
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₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5/45=		OR_	+,00	15
	. •				-	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	1
		(Column 1)	_:	(Column 2)	(Column 3)	war in the	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	. 1	A STATE OF THE STA	12.0
NT B		CLAIMS REMAINING AFTER AMENDMENT	- .	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL. FEE		RATE	
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AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+0 =	1 :	OR	11	
\vdash					TOTAL	 	- 1	TOTAL	十	
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<u></u>	·	(Column 1)	·	(Column 2)	(Column 3)		1	-	.:	 :
ENTC		REMAINING AFTER AMENDMENT		NUMBER; PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	
1 ≥	Total (37 CFR 1.16(c))		Minus	-	="	=_		OR	X S	
END ON	Independent (37 CFR 1.16(b))		Minus	***	-	x s=		OR	x s=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 5 =		OR	+ 5	=
1	1					TOTAL			TOTAL	

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 27 minutes including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual take. Aron the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FOR ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".